



COMPLETING THE NJ STATE DENTAL BENEFITS PROGRAM APPLICATION

QUICK REFERENCE

- To **enroll** for the first time complete all sections of the application.
 - To **change dental plans** complete sections: 1, 2, and 3 (if enrolling in a DPO be sure to list the name and address of your dental provider), 4 (listing all eligible dependents), 5, and 6.
 - To **change coverage level** (adding/deleting dependents) complete sections: 1, 2, and 3, 4 (be sure to list all eligible dependents), 5 (listing why you are changing coverage level), and 6.
 - To **add a dependent** complete sections: 1, 2, 3, 4 (be sure to list all eligible dependents), 5, and 6.
 - To **terminate/decline coverage** complete sections: 1, 3, and 6.
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SECTION 1 — EMPLOYEE INFORMATION

This section must be completed in its entirety each time an application is submitted. The employee enrolling or enrolled in the plan completes this section.

SECTION 2 — TYPE OF COVERAGE

2. If you are electing coverage, check the coverage level desired.

SECTION 3 — EMPLOYEE SELECTION

3. Check only one box indicating in which plan you wish to be enrolled. If you are enrolling in a Dental Plan Organization (DPO) list the name and address of your dental provider. If you do not want dental coverage or wish to cancel coverage, check the appropriate. NOTE, once you decline or cancel coverage, enrollment is not normally permissible until the next open enrollment period.

SECTION 4 — SPOUSE AND CHILDREN

Only eligible dependents may be listed. Completion of this section is essential for proper enrollment. Be sure dependents listed agree with level of coverage elected in section 2. List the name, date of birth, gender, and Social Security number of the family members you wish to be covered under the plan. An eligible spouse is an individual to whom you are legally married. If you have listed a child that is a foster or stepchild or has a different last name than the employee, contact your payroll/personnel representative for instructions regarding required documentation. If you have more than 4 eligible dependent children, attach a separate application and completed Sections 1, 4, and 6. If you are deleting dependents, do not list them in this section. **Refer to section 5c.**

SECTION 5 — TYPE OF ACTIVITY

- 5a. If you are adding a dependent, check the appropriate box and list the event date.
- 5b. If you are deleting a dependent, check reason and indicate the event date.
- 5c. Check the appropriate box when making other changes.

SECTION 6 — EMPLOYEE CERTIFICATION

You must read the Employee Certification statement, **sign it, and date the application.**

EMPLOYER CERTIFICATION

Must be completed by your employer.

